

# Work Order ID 98169

March-08-13 9:55:25 AM

*Blue*

**\*98169\***

Page 1

Item ID: D2731-7

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Mounting Lug

Start Date: 3/08/13 Start Qty: 24.00

**\*24\***

Cust Item ID:

Required Date: 3/29/13 Req'd Qty: 24.00

**\*24\***

Customer:

Reference:

Approvals:

Process Plan:

*[Signature]*

Date: *3-28-13*

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D2731

Rev C

105

0.00

**\*105\***

Purchasing

Memo

0.00

Purchasing

ISSURE PO TO METEC *19507*  
MACHINE PER DRWG D2731 REV.C

*C213104/05 24*

115

Receive & Inspect for Damage & Mat'l Certs

0.00

**\*115\***

Packaging

Memo

0.00

Packaging

*24x* *SP*  
*13-4-10*

125

QC6- Inspect dimensions to drawing

0.00

**\*125\***

QC

Memo

0.00

Quality Control

*24x*  
*27*  
*28*  
*13411*

*24*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 98169

March-08-13 9:55:25 AM

**\*98169\***

Page 2

Item ID: D2731-7

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Mounting Lug

Start Date: 3/08/13 Start Qty: 24.00

**\*24\***

Cust Item ID:

Required Date: 3/29/13 Req'd Qty: 24.00

**\*24\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

140

Chemical Conversion Coat per QSI005 4.1

0.00

**\*140\***

HandFinish

Memo

0.00

Hand Finishing

24 26 B 4 11

155

Spray Painting per QSI005 4.2

0.00

**\*155\***

SprayPaint

Memo

0.00

Spray Painting

PRIME B 125152  
DELFLEET BLUE B 123253  
DELFLEET CLEAR B 121703

START TIME: 7:00  
FINISH TIME: 2:00

24 0 0 13-4-13

165

QC14- Inspect Spray Paint

0.00

**\*165\***

QC

Memo

0.00

Quality Control

DAS  
16  
2-5  
13/02/15

(724)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 98169

March-08-13 9:55:25 AM

\*98169\*

Page 3

Item ID: D2731-7

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Mounting Lug

Start Date: 3/08/13 Start Qty: 24.00

\*24\*

Cust Item ID:

Required Date: 3/29/13 Req'd Qty: 24.00

\*24\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

170

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

\*170\*

Packaging

Memo

0.00

Packaging

PPP98170 24x SP B-4-15

180

QC21- Final Inspection - Work Order Release

0.00

\*180\*

QC

Memo

0.00

Quality Control

13/4/16 JF

B-04-15

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

March-08-13 9:55:28 AM

Page 1

Work Order ID: 98169

\*98169\*

Parent Item: D2731-7

\*D2731-7\*

Parent Item Name: Mounting Lug

Start Date: 3/08/13

Required Date: 3/29/13

Start Qty: 24.00

Required Qty: 24.00

Comments: IPP D00.05.19 Added inspect level 8, removed P/O powder coating EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D2731-7P

Purchased

No

100

Each

0.0000

1

24

\*D2731-7P\*

\*\*

24x 8p 13-4-10

LUG

D2423

Manufactured

No

110

f

663.9100

0.0683

1.7

\*D2423\*

\*\*

CD 13/04/05

Lug Extrusion

Location

Loc Qty

Loc Code

MAT006

383

43722

161.5

87953

221.5

Metec

280.91

93551

280.91

1.7

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	





20 Terry Fox Drive  
Vankleek Hill, Ontario K0B 1R0 , Canada  
Tel: (613) 678-3957  
Fax: (613) 678-3956

Delivery Slip No.: 19005  
Date: Apr 10, 2013  
Page: 1

<b>Sold to:</b>	<b>Ship to:</b>
<b>Dart Aerospace Ltd.</b> Att. Linda Lacelle 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7	Dart Aerospace Ltd. Att. Linda Lacelle 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7
<b>Order No.:</b> 19507	<b>Sold By:</b> Dewar, Eric
<b>Shipped By:</b> your truck	<b>Ship Date:</b> Apr 10, 2013

Description		Unit	Ordered quantity	Shipped quantity	Backorder quantity
D2731-7	LUG	Each	24	24	
D3394-3	Lug	Each	24	24	

The delivered goods must be inspected upon receipt to confirm compliance. Should there be discrepancies please notify METEC within 30 days of delivery. The goods are otherwise deemed accepted.

Received by \_\_\_\_\_

Thank you for your order!

SPB-4-10



20 Terry Fox Drive, Vankleek Hill, Ontario K0B 1R0  
Tel. (613) 678-3957 & (613) 678-2782 Fax (613) 678-3956 [metec@metec.ca](mailto:metec@metec.ca)

## CERTIFICATE OF CONFORMITY

SOLD TO

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ont.  
K6A 1K7

SHIPPED TO:

same

<u>QUANTITY</u>	<u>PART NUMBER</u>	<u>PART NAME</u>	<u>P.O. NUMBER</u>
24	D2731-7	Lug	PO 19507
100	D3394-3	Lug	PO 19507

MATERIAL: supplied by DART B93551

We hereby certify that the above parts were made in conformance with applicable drawings.

METEC Metal Technology Inc.

Jan Norris

Vankleek Hill, April 10, 2013



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO19507**

Purchase Order Date 4/05/13

PO Print Date 4/05/13

Page Number 1 of 1

**Order From :**

VC-MET003

METEC METAL TECHNOLOGY INC.  
20 TERRY FOX DRIVE PO BOX 781  
VANKLEEK HILL, ON K0B 1R0  
CA

**Contact Name**

**Vendor Phone** 613 678 3957

**Vendor Fax** 613 678 3956

**Vendor Account Nbr**

**Buyer**

Chantal Lavoie

**Requisition Nbr**

**Tax Resale Nbr**

10127-2607

**Terms**

Net 10

**Currency**

CAD

**FOB**

Destination-Collect

**Ship To :**

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
613 632 1053

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D2731-7P	LUG	4/09/13 Yes	✓ 24.00 Each	Dart Truck	\$16.6500	\$399.60
<b>Special Inst:</b> MACHINE AS PER DWG D2731 REV. C B98169							
2	D3394-3P	Lug	4/09/13 Yes	✓ 24.00 Each	Dart Truck	\$18.9500	\$454.80
<b>Special Inst:</b> MACHINE AS PER DWG D3394 REV.B B98168							

**PO Total:**

**\$854.40**

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

SPB-4-11

Change Nbr: 1

Change Date: 4/05/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required **YES** NO



20 Terry Fox Drive  
Vankleek Hill, Ontario K0B 1R0 , Canada  
Tel: (613) 678-3957  
Fax: (613) 678-3956

**Delivery Slip No.:** 19005  
**Date:** Apr 10, 2013  
**Page:** 1

<b>Sold to:</b>	<b>Ship to:</b>
<b>Dart Aerospace Ltd.</b> Att. Linda Lacelle 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7	Dart Aerospace Ltd. Att. Linda Lacelle 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7
<b>Order No.:</b> 19507	<b>Sold By:</b> Dewar, Eric
<b>Shipped By:</b> your truck	<b>Ship Date:</b> Apr 10, 2013

	Description	Unit	Ordered quantity	Shipped quantity	Backorder quantity
D2731-7	LUG	Each	✓ 24	24	
D3394-3	Lug	Each	✓ 24	24	

SPB-4-10

The delivered goods must be inspected upon receipt to confirm compliance.  
Should there be discrepancies please notify METEC within 30 days of delivery.  
The goods are otherwise deemed accepted.

Received by \_\_\_\_\_

**Thank you for your order!**



20 Terry Fox Drive, Vankleek Hill, Ontario K0B 1R0  
Tel. (613) 678-3957 & (613) 678-2782 Fax (613) 678-3956 [metec@metec.ca](mailto:metec@metec.ca)

## CERTIFICATE OF CONFORMITY

SOLD TO

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ont.  
K6A 1K7

SHIPPED TO:

same

<u>QUANTITY</u>	<u>PART NUMBER</u>	<u>PART NAME</u>	<u>P.O. NUMBER</u>
24	D2731-7	Lug	PO 19507
100	D3394-3	Lug	PO 19507

MATERIAL: supplied by DART B93551.

We hereby certify that the above parts were made in conformance with applicable drawings.

METEC Metal Technology Inc.

Jan Norris

Vankleek Hill, April 10, 2013



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19507

Purchase Order Date 4/05/13

PO Print Date 4/05/13

Page Number 1 of 1

Order From :

VC-MET003

METEC METAL TECHNOLOGY INC.  
20 TERRY FOX DRIVE PO BOX 781  
VANKLEEK HILL, ON K0B 1R0  
CA

Contact Name

Vendor Phone

613 678 3957

Vendor Fax

613 678 3956

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 10

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
CO 13/09/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D2731-7P	LUG	4/09/13 Yes	✓ 24.00 Each	Dart Truck	\$16.6500	\$399.60
2	D3394-3P	Lug	4/09/13 Yes	✓ 24.00 Each	Dart Truck	\$18.9500	\$454.80

Special Inst: MACHINE AS PER DWG D2731 REV. C  
B98169

Special Inst: MACHINE AS PER DWG D3394 REV.B  
B98168

PO Total:

\$854.40

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

SPB-4-11

Change Nbr: 1

Change Date: 4/05/13

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required - YES NO